



# Board of Nursing

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

## ELECTROLOGY PRACTICE COMMITTEE APPLICATION FOR ELECTROLOGY COURSE (CEU) APPROVAL

Please fully complete all sections of this Application and attach all required supporting documentation. If you fail to do so, the Board will not be able to process your application.

Maryland License Number: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Registration Contact Information:** For questions about this course, please contact the person below:

Contact Person's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

### **Course Information:**

Course Title: \_\_\_\_\_

Course Location: \_\_\_\_\_

Course Date: \_\_\_\_\_

Course Objectives and Contents: \_\_\_\_\_

Please include/attach the brochure, curriculum, announcement, and outline of the course.

Total CEUs (clock hours) Requested for Attending Course: \_\_\_\_\_

Name(s) of Instructor(s), Presenter(s) or Sponsoring Organization(s): \_\_\_\_\_

**\*Note: You must include the curriculum vitae of each presenter with your application.**

**Requirement for License Renewal:** A certificate of attendance for any course taken for CEU credit must include your name, the date the course was completed, number of CEUs, and signature of the instructor or organization to be valid and acceptable for credit towards renewal of your electrology license.